

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Board of Adult Care Home Administrators
Application for Reinstatement
Kansas Adult Care Home Administrator License

A Kansas adult care home administrator license may be reinstated upon meeting requirements of K.S.A. 65-3503(d) and K.A.R. 28-38-23. Please complete this application documenting at least 50 clock hours of continuing education, with a minimum of 10 hours is in resident care and 30 hours in administration, and return it with completed Information Inventory, proof of your social security number, and appropriate reinstatement and renewal fees.

License # _____ Social Security Number _____
Name _____ Other name used _____
Address _____
City _____ State _____ Zip _____
Phone: Work (____) _____ Home(____) _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Clock hours submitted for the purpose of reinstatement shall be earned within the licensure period immediately preceding application for reinstatement.

PRIOR APPROVED PROGRAMS: record approval number, title, date and hours. You must submit verification of attendance for all prior approved programs listed.

PROGRAMS NOT PRIOR APPROVED: record title, date and hours below. You must submit 1) course content, 2) objectives, 3) time frame of educational activity and 4) verification of attendance.. *(Note - hours exclude time allotted for regulations, breaks, lunch, business meetings, etc. Credit for full hour or half hour only)*

Approval Number	Program Title	Date	Resident Care 10 hours minimum	Administration 30 hours minimum	Electives maximum 10 hours

(Please complete the remainder of the application on the back of this page.)

License in Another State

List all states in which you have ever held an adult care home administrator license since obtaining your Kansas license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the *Verification of License* form, request that state's board complete Part II and return verification to the Kansas board.

Disciplinary Action - This information is required under Kansas law: KSA 65-3503(a)

Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y / N**

If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y / N** . If YES, please indicate:

Date of conviction: _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

Signature: _____ **Date:** _____

L PLEASE NOTE: YOUR SIGNATURE MUST BE NOTARIZED

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 200_____ _____ (Notary Public) My appointment expires: _____
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S u b m i t

application, fee and supporting documents to:

**Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka KS 66612-1365**

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Board of Adult Care Home Administrators

INSTRUCTIONS FOR REINSTATEMENT of KANSAS ADULT CARE HOME ADMINISTRATOR LICENSE

In accordance with K.S.A. 65-3505(d), a duly license administrator, whose license has expired because of temporary abandonment of practice and whose license has not been revoked or suspended, may be licensed upon complying with the provisions for renewal of license under K.A.R. 28-38-23. The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- (a) "Application for Reinstatement of Kansas Adult Care Home Administrator License". Document the accumulation of at least 50 clock hours of continuing education during the licensure period, July 1 - June 30, immediately preceding application for reinstatement. (K.A.R. 28-38-23).
For **prior approved programs** submit: Verification of attendance.
For **programs not prior approved** submit: Course content, objectives, time frame and verification of attendance.
- (b) "Information Inventory Adult Care Home Administrator License Renewal".

2. Enclose:

- (a) Copy of your social security card or document verifying your name and social security number.
- (b) Reinstatement fee of \$120.00 and renewal fee of \$100.00 - total \$220.00 **FEES ARE NONREFUNDABLE.**

3. Submit to:

Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka KS 66612-1365

Upon review and approval of your reinstatement application, a licensure certificate and card will be issued. If you have any questions, please contact Brenda Nesbitt at (785) 296-0061.